MASSAGENERD.COM

Presents



"The deeper the pressure...The slower the technique..."

By
Ryan Hoyme
CMT, NCTMB, HST

"Keep your eye on the donut, not the hole."

“It's a mistake to assume that the problem is always at the place that it hurts”

CLIENT:

IT HURTS WHEN I DO THIS !

MASSAGE THERAPIST:

THEN DON'T DO IT !!!!!!!

- **A finger:** indicates a small area, no spreading of discomfort, problem probably not severe, relatively superficial, or both.
- **The whole hand:** diffuse area as primary site : suggests lesion is more severe, more deeply situated, or both.
- **A moving hand:** spreading or radiating of the pain : if along a well-defined pathway : dermatome: probably nerve root problem.
- **General area, diffuse:** most likely referred pain, possibly visceral in origin.

Legal Disclaimer

All models are at least 18 years of age. The techniques, ideas, and suggestions in this document are not intended as a substitute for proper medical advice! Consult your physician or health care professional before performing or receiving a massage, particularly if you are pregnant, nursing, elderly, or if you have any chronic or recurring conditions. Any application of the techniques, ideas, and suggestions in this document is at the reader's sole discretion and risk.

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NEUROMUSCULAR THERAPY

(A.K.A. - DEEP TISSUE MASSAGE)

www.nmtcenter.com/history/history.html

Neuromuscular Therapy (NMT) is the manual application of specialized strokes and pressure, usually delivered by a finger or thumb for diagnostic (assessment mode) and therapeutic (treatment mode) objective. The treatment aims to restore circulation and reduce pain in an area. Also, the aim is to normalize imbalances in fibrotic tissue where adhesions of scar tissue and calcium deposits have restricted movement in a joint.

Basics

By definition, NMT is the utilization of static pressure on specific myofascial points to relieve pain. There are many different beliefs with NMT; the main reason behind the therapy of NMT is to reduce the clients pain (Not a relaxing form of massage). The depth and pressure of the work is kept within the comfort range of the client. Ask the client to assign a number to the level of pain they are feeling - on a scale of one to ten, ten being the most painful and the average pressure for the" hurt so good" pain is 7-8. Anything more 7-8 is not as beneficial to the client and the client is more than likely to tense up and causes more pain (everyone's pain threshold is different, communicate with the client and talk them through the pain). NMT is considered a deeper form of Swedish massage, but is altered to fit the client. Neuromuscular therapists treat the fascia, tendons, ligaments, muscle belly, muscle origins, and muscle insertions.

Techniques

The first rule is to warm the area up, the reason behind this theory is to have the muscle relaxed as much as possible so the muscle is less likely to be sore and to bruise after the treatment. The slower you move with your techniques, the better you will be at palpating problem areas.

NeuroMuscular Therapy addresses the release of tissues in layers, superficial to deep, and is performed at a moderate speed with light lubrication. Treating origins and insertions, as well as the belly of a muscle is also of critical importance. It doesn't require a great deal of pressure to be effective, which is a benefit to the patient.

The techniques vary from therapist to therapist and no therapists with perform the same techniques in order. Therapists use many techniques: gliding friction (primary technique), ischemic compression (trigger point therapy), and skin rolling and stretching.

- **Striping technique** or **Longitude friction -** involves the application of slow, deep, gliding pressure along the length of the muscle fibers (Some therapists call it longitude friction). With each time you massage over a specific area, you can increase the pressure to find the tender area. Therapists start out with the superficial layer of the muscle, and then gradually go to the deeper layer.
- **Deep transverse friction** or **Cross fiber friction** or **Cross Friction -** Dr. James H. Cyriax was the first to thoroughly and systematically study soft tissue lesions of the orthopedic system, and devise a specific massage technique for their treatment called deep transverse friction. Cross fiber friction is a deep non-gliding and oil-less friction technique that moves across the grain of a muscle, tendon or ligament. The main reason behind this technique is to break-up adhesions or scar tissue. With this technique, the client's range of motion can be increased. The technique must be performed directly over the site of lesion and pain. The fingers move with the skin and do not slide over it. Technique must be performed across the grain of the affected tissue. The thicker the structure, the more friction is given.
- **Compression -** Consists of pressure exerted perpendicular to the surface of the muscle.
- **Pincer Palpation/Compression -** Grasp the tissue between the thumb and the tips of the first two or three fingers, or the outside of the bent index finger.
- **Forearm Glide -** The ulnar aspect of the forearm provides a broad surface for deep, gliding compression of long, straight muscles.
- **Elbow Compression -** The Olecranon process of the ulna.
- **Heel of Hand Compression -** The heel of the hand, or thenar and hypotherar eminences.
- **Fist Compression** - Closed fist.
- **Knuckle Compression -** The proximal interphalangeal joints, or knuckles, of the index and middle fingers can be used for compression.
- **Thumb or Finger Compression** - Still or gliding compression using the tip of the thumb or fingers.
- **All the different types of stretching.**

Styles of NMT

- **Neuromuscular Therapy** (NMT) - a system of soft-tissue manipulation techniques that were developed in the 1930's in England by Dr Stanley Lief. Paul St. John is the biggest teacher of Neuromuscular Therapy today and his form is called "St. John Neuromuscular Therapy".
- **Russian massage** - a system of therapeutic and sports massage developed in the former Soviet Union. The four main techniques are: Petrissage, Effleurage, Friction and Vibration.
- **Rolfing technique** - developed by Ida P. Rolf, Ph.D., is a system for integrating the human physical structure. There is a series of ten treatments, treating different areas of the body. It is a form of connective tissue (fascial) manipulation and education.
- **Hellerwork** - a series of one-hour sessions of deep tissue bodywork and movement education designed to realign the body and release chronic tension and stress. Joseph Heller in the USA formulated this form in 1978.
- **Myopractic -** integrates Swedish massage, trigger point, myofascial release, and even structural integration techniques to form an integrated system. The three main techniques are: Compression Stretching, Clearing, and Separating.
- **Myotherapy** - Bonnie Prudden developed this style. Myotherapy treatment is a two-step process. The therapist first locates and diffuses the trigger points of pain through applying pressure to those locations (5-7 seconds). This process relieves the pain and also relaxes the muscles associated with the specific discomfort. Secondly, during the therapy session the patient undergoes a series of exercises to progressively stretch the muscles that have been relaxed by the pressure therapy.
- **Canadian Deep Muscle Massage** - This work was created by Will Green, founder of the International Massage Association (IMA Group) and owner of Georgetown Bodyworks in Washington, DC. It is derived from a system of cross-fiber massage that began in northern Canada in the 1940's. Green added insights gained from the works of Therese Pfrimmer, Joseph Pilates, Ida Rolf, Dr. Samuel West, and Debra Smith. This technique begins gently and progresses deeply as the outer muscle fibers relax, allowing the second and third layer of muscle to be addressed.
- **Pfrimmer Deep Muscle Therapy (PDMT)** - a highly refined system of corrective treatment designed to aid in the restoration of damaged muscles and soft tissue throughout the entire body. Using a specific series of cross-tissue movements applied to the muscles, a fully trained Pfrimmer Deep Muscle Therapist concentrates on all layers of muscle that have become depleted of their normal blood and lymphatic flow.

Neuromuscular Therapy will be used to address five elements that cause pain:

1. **Ischemia:** Lack of blood supply to soft tissues which causes hypersensitivity to touch.
2. **Trigger Points:** Highly irritated points in muscles which refer pain to other parts of the body.
3. **Nerve Compression or Entrapment:** Pressure on a nerve by soft tissue, cartilage or bone.
4. **Postural Distortion:** Imbalance of the muscular system resulting from the movement of the body off the longitudinal and horizontal planes.
5. **Biomechanical Dysfunction:** Imbalance of the musculoskeletal system resulting in faulty movement patterns (i.e., poor lifting habits, bad mechanics in a golf swing of tennis stroke, computer keyboarding).

***American-style Neuromuscular Therapy -** uses a medium-paced (thumb or finger) gliding strokes.
***European-style Neuromuscular Therapy -** use a slow-paced, thumb-drag method.

Pressure Techniques

- **Myotherapy** (also called trigger point therapy) - Seven second pressure to the trigger point, followed by stretching, popularized by Bonnie Prudden.
- **Neuromuscular therapy** - Repeated pressure to the trigger point, followed by stretching.
- **Myofascial release** - Pressure to one point in a taut band or one end of a taut band plus stretching.
- **Soft tissue release** - Pressure to a series of points in a taut band, plus stretching.
- **Trigger point pressure release** - Gentle pressure along the taut band and the trigger point, recommended in the most recent volume of Myofascial Pain and Dysfunction.
- **Deep tissue massage** - Including cross-fiber friction.
- **Percussion and stretch** - Tap the trigger point slowly with a mallet, 10 times, then stretch.
- **Tandem Point therapy** - Pressure to a trigger point, plus pressure to another trigger point in the taut band or to a point in a pain referral pattern, plus acupressure to an acupuncture point, plus stretching.

Rules

"Work the non-affected side of pain first, then the specific area of pain, then back to non-affected side"

1. The reason you massage the unaffected side first is so you can relax the muscles and to perform a test (when muscle testing you want to stretch the unaffected side, then the affected side and back to the unaffected side to get a good reading).
2. Once you massage the unaffected side, you can move to the affected side (always keep in mind what the unaffected side felt like and compare).
3. After you are done massaging the affected side, you can then massage the unaffected side again (keep in mind what the difference is between the affected and the affected side).

You might need to explain this theory to the client, because they want you to massage mostly the affected side. This theory will prevent the muscles from tensing up and causing a spasm. If one side of the body is injured, the other side over compensates.

Do not over treat an area and come back to the problem area after 5-10 minutes to see if any improvements have happened. Giving the client time to rest between problem areas is beneficial and it gives you time to relax your muscles.

Before you start

Always ask the client where the pain is, how much pain are they in, how frequent do they have the pain, how often do they have pain, what makes the pain worse or better and so on. Posture evaluation is a great device for locating pain and cutting down your time in guessing. With posture evaluation, you need to find what side or area of the body is more contracted (usually the contracted area in protecting).

If someone comes in your clinic with low back pain, do not just treat the low back; it could be other areas around the tender area that is the real pain (that goes for any other area of the body).

Communication

With good communication between the client and the therapist is vital, without communication the treatment will not work. Communication does not have to be verbal; the actions of the client speak a lot louder than words. Watch for curling the toes or fingers, tensing up the other side of the body and breathing patterns (when client holds their breath, ask them if they would like you to back off the pressure or have them breathe through the pain). Be sure to tell them that they are in control of the session and that their feedback is important to the session.

Breathing through the pain helps to relax the muscle faster and it brings oxygen to that area. Some clients will scoot around the table or have a physical or emotional release when you are working on them, just be cautious with this type of client, because they might not know their own pain tolerance and cause problems for you down the road. One good way to tell if a client is tensing up is to have your hand resting on the opposite muscle group (the client is more than likely going to tense up on the opposite side and try to handle the pain on the affected side). Release can come about in many ways: shaking, moving, yawning, sighing, crying, yelling & screaming (be prepared to have any of these happen).

First time client

It does not matter if they had many massages before, all what matters is that they never had a massage from you before (you might want to explain to the client that the first session that you will not take the pain level to a 7-8 on a regular basis). For first time NMT client you can ask permission to call them at home the next day and ask them how their treatment went and to answer any questions they might have. The average client viewpoint is, "I do not want a light massage, I want to feel my body being worked, therefore I must want deep tissue massage."

Tools

The main tools used by a NMT are: thumbs, fingers, palms, forearms and elbows. Some therapists even use actual tool like a T-Bar (T-shaped tool with a rubber stopper on the end to reduce the pressure of the tool). Do not over use your thumbs, they are very small muscles compared to other parts of your body. Oil is used in smaller amounts, because your goal is not to slip on the muscles and traction is better with minimal amount of oil. Other things the therapist can use are coco butter sticks, massage lotion, and massage cream.

How often

If you know any body builders, their belief is not to concentrate on one part of the body for two days. The muscles need rest, if the client does want a massage two days in a row, you can perform Deeper work only once out of those two days (a better idea is to give them a relaxing massage one day and a deeper massage the next day). Clients with chronic pain can be your favorite clients, if it is possible to try to recommend them to receive a

www.Sport.Ta4a.Net تم التحميل من المكتبة الرياضية الشاملة

massage once a week or at the least, once every two weeks (people that have chronic pain can benefit from massage by maintaining what they already have).

After the treatment

Make sure they are aware of the side effects and follow any regular massage precautions. Some therapists will recommend heat or cold treatments after the session and others will give the client a few stretches to perform at home. The teaching of muscle-strengthening exercises is not within the scope of practice of a massage therapist. Ice can be applied after session or recommend client to ice at home. Have the client perform movement re-education exercises to keep their movement. Give them breathing exercises to help them become more aware of their breath.

Client must follow up with a high intake of water to flush the toxins and a detox bath consisting of 1-cup epsom salt, 1-cup sea salt and 1-cup baking soda (This will eliminate detox symptoms such as headaches and fatigue).

Ingesting 1000 mg of vitamin C per day may prevent or at least reduce muscle soreness. Similar reports seem to result from the ingestion of vitamin E.

Stretching is strongly recommended at the end of any session. After extensive muscle contraction, typical of strength training or NMT, muscles are slightly shorter. It takes around two hours for them to return to resting length. Five to ten minutes of stretching helps the muscle return to resting length sooner, optimizing biochemical exchanges at the muscle fiber level. Stretching also seems to ease muscle spasms.

Epsom Salt Web Sites: www.chiroweb.com/archives/08/15/17.html, www-isu.indstate.edu/nurs/mary/lytenote.htm

Possible side effects

The main problems a client can have after a massage are:

* Bruising (Bruising is normal after the first few massage sessions)
* Soreness (It is like an aerobic workout for the muscles and can be tender to the touch)
* Headaches (NMT depletes the body of water, that's why water is so important after a massage)
* Flu like symptoms (Toxins rushing out of the body)
* Brings up old repressed pain

*More serious injuries reported are: Bruised kidney, hepatic hematoma, displacement of a urethral stint, renal artery embolization, posterior interosseous syndrome, and popliteal-artery pseudoaneurysm. Always use caution when working around endangerment sites and be aware of any health problems the client might have.

Ryan Jay Hoyme

Graded muscle strength

- Grade 5 is normal, demonstrating a complete (100%) range of movement against gravity, with firm resistance offered by the therapist.
- Grade 4 is 75% efficiency in achieving range of motion against gravity with slight resistance.
- Grade 3 is 50% efficiency in achieving range of motion against gravity without resistance.
- Grade 2 is 25% efficiency in achieving range of motion with gravity eliminated.
- Grade 1 shows slight contractility without joint motion.
- Grade 0 shows no evidence of contractility.

Proper Stages of Rehabilitation (Paul St. John)

- Eliminate spasms, hypercontraction and trigger points from the tissues (therapy)
- Restore proper biomechanics (movement)
- Restore flexibility to the tissues (stretching)
- Rebuild strength of the injured, weak, and/or atrophied tissues
- Build endurance of the tissues

The five most injured body parts (Mike Falcon)

maxmag.maxsportsinternational.com/performancecondition/issue38/38pc1.htm

#1 Nerve entrapments -
#2 Cervical brachial syndromes -
#3 Impingement syndromes -
#4 Patella femoral syndromes -
#5 Lumbar sciatica -

***There are structures that are much more important to the body than muscles and joints. In fact, there is a hierarchy of importance. The order is as follows:**

1. Arteries
2. Bone
3. Veins
4. Nervous system (central, peripheral, autonomic)
5. Viscera (organs)
6. Lymphatics
7. Joints
8. Myofascia (muscles and fascia)

Muscular Injuries, Muscular Pain, and How Muscles Heal: www.bodyinbalance.com/muscular_injury_muscular_pain.htm

What Muscles Need in Order to Heal as Fully as Possible: www.bodyinbalance.com/ muscular_injury_muscular_pain.htm

Why Your Muscles Have to Heal Differently Than Your Bones, and Why Your Muscles Are More Prone to Healing Problems: www.bodyinbalance.com/ sports_injuries.htm

TEN TIPS TO ENHANCE YOUR TREATMENT SESSIONS

1. **LISTEN TO YOUR BODY** before, during, and after treatment. Identify any areas of redness, tenderness, tightness, or tingling on the body.
2. **REFRAME YOUR NOTION OF "PAIN"** - Allow yourself to soften your experience of pain. Instead of identifying with the pain, become aware of the "sensations" occurring in your body. Concentrate on the areas where sensations are present.
3. **BREATHE INTO SENSATIONS** - As you breathe, imagine that you are blowing air out of your body through the area that is producing the most sensation. This type of breathing puts you in touch with your body and thereby enhances your body awareness.
4. **UNWIND** – Allow your body to move. As movement occurs, fascial restrictions are being released.
5. **EXPRESS EMOTIONS** experienced during or after your treatment session with your therapist. The fascial system holds emotions in the body in the form of pain that may be preventing you from getting better. Often, with the release of emotions, the pain will decrease and you will feel better.
6. **USE IMAGES OR MEMORIES** - Share them with your therapist to help locate the source of your pain.
7. **COMMUNICATE** with your therapist! Even things that may seem non-related, silly, or embarrassing. The therapist cannot help you if you do not talk honestly with them.
8. **STAY POSITIVE** - Remember to reinforce your intention to enjoy a pain-free, active lifestyle by giving yourself messages such as "I am getting better everyday."
9. **REMAIN FOCUSED** - You may experience setbacks. This is sometimes part of the healing process. Keep focusing on your goals and the progress you have already made to help you through each treatment session. You are on your way!
10. **SET GOALS** - Visualize the attainment of your goal. Establish a time-frame for this to occur. If goals are not completed on time, it is O.K. Stay focused and know that the healing will occur.

CONTRAINDICATIONS TO DEEP BODYWORK

www.advanced-trainings.com/contra.html

GIVING A DEEP TISSUE MASSAGE

www.thebodyworker.com

RECEIVING A DEEP TISSUE MASSAGE

www.thebodyworker.com

LAWS OF NEUROMUSCULAR THERAPY

www.positivehealth.com/permit/Articles/Bodywork/lane47.htm

1. **The Law of Unilaterality** 🡻
2. **The Law of Symmetry** 🡻
3. **The Law of Intensity** 🡻
4. **The Law of Radiation** 🡻
5. **The Law of Generalization** 🡻

OTHER LAWS

***Wolffís Law -** Observes that calcium is laid down along lines of stress resulting in bony spurs, joint immobility and calcified ligaments... Muscle hypertrophy occurs in overworked muscles; disuse atrophy occurs in those not worked adequately. Chronic skin changes (dryness, scaling, cracking, thickening, pimples, etc.) occur when trophic substances (carried via vascular channels or by axoplasmic flow) do not provide adequate nutrition.

***Sherrington's Law** - Muscles on one side of a joint will relax upon contraction of the antagonist muscle or muscles. (Every posterior spinal nerve root supplies a particular area of the skin, with a certain overlap of adjacent dermatomes.)

***Hilton's Law** - The nerve root that supplies a joint, supplies all the muscles that attach to that joint, and the overlying skin. Hilton further states that "every fascia of the body has a muscle attached to it, and that every fascia throughout the body must be considered as a muscle."

***Davis' Law (Over Stretching)** - When muscle ends are brought closer together, the pull of tonus is increased, which shortens the muscle, which may even cause hypertrophy; and if muscle ends are separated beyond normal, tonus is lessened or lost, thus muscle becomes "weak." Emphasizes that if muscles are lax for extended periods of time, gamma gain and reciprocal inhibition will take up the slack.

***The Law of Facilitation (Reoccurring Injuries) -** When an impulse has passed once through a certain set of neurons to the exclusion of others, it will tend to take the same course on future occasions, and each time it traverses this path the resistance will be smaller; the passage of these neural impulses become even easier for all succeeding impulses.

***Arndt Schultz Law** - Weak stimuli activate physiological processes; very strong stimuli inhibit them.

***Hilton's Law -** The nerve root supplying a joint supplies the muscles attaching to that joint, as well as the overlying fascia and skin.

Newton's Three Laws

First Law (The principle of inertia) - A body at rest remains at rest and a body in motion remains in motion at a constant velocity as long as outside forces are not involved. Thus he made it no longer necessary to suppose that heavenly bodies moved because angels or spirits constantly impelled them. They moved because nothing existed in outer space to stop them after the initial impulse.

Second Law (Motion defined in terms of mass and acceleration) - This was the first clear distinction between the mass of a body and its weight. Newton showed that mass represented the body's resistance to acceleration; in other words, mass is the amount of inertia a body has. According to Newton, weight represents the amount of gravitational force between a body and another body (usually the earth).

Third Law (Action and reaction) - This famous law states that for every action there is an opposite and equal reaction. That law makes news today, since it governs the behavior of rockets. Newton considered the behavior of moving bodies both in vacuum and in media that offered resistance. In connection with the latter situation, he foreshadowed modern aeronautics.

RULES FOR NMT

*Very little oil is usually used.

*Slower the technique…The better the results.

*The deeper the pressure…the slower the technique.

*There are a lot of different beliefs regarding NMT protocol…Pick one and make it your own.

*7-8 out of 10 is a hurts-so-good number.

*Everyone's pain tolerance is different.

*Possible homework for the client is what's lacking in the field of massage (ice, heat, stretching, etc.).

*Explain the possible side-effects if you want the client to come back for another appointment.

*Tweak the following techniques to conform them to your clients.

*NMT is not for everyone (Don't try NMT techniques for everything).

*There are very few skilled NeuroMuscular Therapists out in this world.

*Always warm the muscles up before you start using deeper pressure.

*You can use heat to warm the muscles up before you start working on them.

*A lot of NMT styles incorporate stretching after treating an injured area.

*Everybody has a different belief on how long to hold a Trigger Point (experiment and use what's best for you).

*If you are treating the area that has pain, you are in the wrong area over 75% of the time.

*Stress is one of the biggest reasons people go to the doctor.

*Know the indications and contraindications!

*Know the endangerment sites!

MYOPRACTIC

www.myopractic.com

***Cross Fiber Friction, Deep pressure with circular friction on the muscles, Myofascial Release and others are used.**

1. COMPRESSION STRETCHING - Techniques which achieve deep relaxation, relieve tension, spasms, and holding patterns in the muscle.

2. CLEARING - Methods to clean obstructions from soft tissue, e.g., trigger points, scar tissue, muscle bundles, old bruises.

3. SEPARATING - To release myofascial adhesions, separate fascial planes and balance muscles.

*Can be performed on any limb and most parts of the body

MYOTHERAPY

www.bpmyo.com

First stage: The therapist first locates and diffuses the trigger points of pain through applying pressure to those locations. This process relieves the pain and also relaxes the muscles associated with the specific discomfort.

Second stage: During the therapy session the patient undergoes a series of exercises to progressively stretch the muscles that have been relaxed by the pressure therapy.

How the Treatments Are Performed:

- Expect your first visit to a myotherapist to last about 90 minutes.
- The therapist will begin by taking an extensive history.
- You'll probably be questioned about your past and current occupations, sports, accidents, injuries, and presence of diseases.
- The therapist will then evaluate your muscle strength and flexibility, searching for the "trigger points" that myotherapists blame for most types of muscle pain.
- To relieve the problem, the therapist will apply pressure to each trigger point for about 5 to 7 seconds, using his fingers and hands.
- This pressure will be painful, but is likely to provide almost immediate relief from at least some of the pain that led you to seek therapy.
- It can also result in a virtually instant increase in the mobility of tightly contracted muscles.
- Finally, the therapist will stretch the affected muscles and show you a set of corrective stretching exercises to do at home.

*Can be performed on any limb and most parts of the body

ORTHOPEDIC MASSAGE

www.orthopedicmassage.net/about_us.htm

***Techniques include transverse friction, PNF, myofascial release, trigger point therapy, strain-counterstain, and postural analysis among others.**

1. Orthopedic Assessment - When working with soft tissue injuries and pain it is paramount that the therapist be able to assess the nature of the condition and understand its physiological pattern. This enables the therapist to determine if massage is appropriate ad if so, what kind(s). The therapist must have some method of systematic evaluation of the clients' condition.

2. Matching the Physiology of the Injury with the Physiological Effects of the Treatment - There is no single massage modality that will effectively treat every condition. Therefore each client is seen as an individual, in some situations a particular technique will be highly beneficial, and in others it may be contraindicated. This is why the therapist must understand the physiological affects of the treatments/he chooses.

3. Treatment Adaptability - As each client's condition improves or worsens the therapist is able to choose what protocol will work best for that individuals needs at that time. This simply means the therapist should never adhere to one set of techniques.

4. Understanding the Rehabilitation Protocol - The Orthopedic Massage system supports understanding the rehabilitation process and protocol. This includes knowledge of proper tissue healing and injury prevention. While it is out of the scope of the massage therapist to prescribe a rehabilitation plan, the orthopedic massage therapist often works in conjunction with other health professionals; therefore it is important that s/he understand these rehabilitation factors.

PAUL ST. JOHN NEUROMUSCULAR THERAPY

www.healthquestenterprisesinc.com/stjohnseminars/id11.html

The therapist applies pressure for 8-12 seconds to each area being treated (pressing longer may cause the body to treat the pressure as an intrusion, particularly if there is inflammation in the tissues). Optimal success is achieved by applying pressure to trigger points or ischemic areas 3-4 times for 8-12 seconds rather than a longer duration. This is because the therapist's goal is to interrupt the physiopathological reflex circuits. St. John therapists believe that the healing process should also be an educational process, so they work to teach the patient about their health, structure, biomechanics, and anything else that may be influencing their pain condition.

Proper Stages of Rehabilitation (Paul St. John)

1. Eliminate spasms, hypercontraction and trigger points from the tissues (therapy).
2. Restore proper biomechanics (movement).
3. Restore flexibility to the tissues (stretching).
4. Rebuild strength of the injured, weak, and/or atrophied tissues.
5. Build endurance of the tissue.

PERCUSSION AND STRETCH

1.  **1.**  **1.**  **2.** 

1. Tap the trigger point slowly with a mallet (or your hands) 10 times.
2. And then stretch.

MYOSKELETAL ALIGNMENT TECHNIQUES (MAT)

www.erikdalton.com

Massage therapists trained in the MAT method of deep-tissue therapy find success in assessing and correcting a wide range of chronic pain conditions by integrating the following eight procedures:

1. Observe for upper and lower crossed syndromes upon the client's entrance.
2. Conduct a five-minute structural assessment on the therapy table with the client draped.
3. Lengthen short, hypertonic muscles with deep-tissue, myofascial release, and assisted-stretching techniques.
4. Tone weak, inhibited muscles with fast-paced spindle-stimulating maneuvers.
5. Fibroblast-friction hyper-mobile ligaments and loosen hypo-mobile ligaments using finger, fist and elbow procedures.
6. Massage fibrotic transversospinalis muscles to unlock stuck facet joints or to stimulate spindles if weak and inhibited.
7. Restore joint play and capsular flexibility with co-activating receptor techniques.
8. Relieve disc compression and dural drag with gentle distraction maneuvers.

Therapists also learn six dynamic ways to identify and correct conditions such as: sciatica, lumbago, scoliosis, rib dysfunction, carpal tunnel, rotator cuff injuries, forward head postures, and anterior scalene syndrome.

1—Evaluate painful neck, shoulder, arm, and low back structures looking for **ART** = **A**symmetry, **R**estriction of motion and **T**issue texture abnormality.
2—Lengthen only the hypertonic (tight) muscles.
3—Tonify weak, inhibited muscle groups to promote agonist/antagonist balance.
4—Palpate and dig-out fibrosis in deep spinal rotator muscles that lock facet joints open or closed.
5—Improve scoliotic postures by releasing cervicocranial, cervicothoracic, transabdominal, and pelvic diaphragms.
6—Correct adhesions, sympathetic spasm, and joint blockage caused by tension, trauma and poor posture.

ORIGIN TO INSERTION CONNECTION

1. 
2. 
2. 

1. Hold the origin and insertion of the affected muscle and
2. Glide to meet in the middle of the muscle belly.

ORIGIN & INSERTION TRAP

1. 
2. 

1. Find the origin and the insertion of a muscle.
2. Hold both spots with the same amount of pressure.

SOFT TISSUE RELEASE (STR)

www.softtissuerelease.com

With **STR**, the client is placed in a particular position so that the muscle begins to stretch in a very specific direction or plane. The exact location of the injury has been defined and a determined pressure is applied directly into the affected tissue or along a specific line of injury. At the same time, depending whether passive or active techniques are being used, the client is given a set of instructions that now engage the antagonist of the muscles involved. Then muscle is extended from a fixed position in a determined direction under a pinpoint of pressure. Decrease in pain and increase in the range of motion are often immediate, offsetting any minor discomfort experienced. **STR** can be modified so there is no client discomfort at all. The flowing motions of **STR** and total client control afford new levels of deep tissue work and subsequent pain relief.

"Technique based on the principles of European Osteopathy and Active Isolated Stretching using light to medium pressure on the areas of concern, holding the stretch for no longer than 2 seconds at a time." Trigger Point Therapy to a series of points in a taut band plus stretching.

1. The basic method is to start with a muscle relaxed and held in a shortened position by moving the associated joint.
2. Deep focused pressure should be applied directly to the adhered fibers to fix them in position.
3. The muscle is then stretched passively away form this fixed point by moving the joint.
4. As the stretch takes place, the pressure point can be drawn a couple of inches in the opposite direction without reducing pressure, which achieves an even greater local stretch.

TANDEM POINT THERAPY

www.tandempoint.com

1. Pressure to a trigger point.
2. Plus pressure to another trigger point in the taut band or to a point in a pain referral pattern.
3. Plus pressure to another trigger point.
4. Plus stretching to finish it off.

TRIGGER POINT PRESSURE RELEASE



1. Gentle pressure along the taut band and the trigger point.

*Recommended in the most recent volume of Myofascial Pain and Dysfunction.

MYOFASCIAL RELEASE

www.myofascialrelease.com

*Myofascial Release is generally an extremely gentle sustained pressure and gentle form of stretching.

DEEP TRANSVERSE FRICTION

1. The direction of friction is always perpendicular to the soft tissue fibers (across the grain).
2. Accurate palpation is necessary.
3. Depending on the thickness of the scar and length of time for which the problem has existed, 10 minutes of transverse friction is usually required, in some instances longer.
4. You may follow the treatment with Cryotherapy (ice) over the treated area in order to reduce post-treatment soreness.
5. It may be necessary to discover the problem in ranges of muscle testing other than the neutral position. For example, supraspinatus abduction in the scapular range may have to be tested at several levels of abduction.
6. Retesting should be done in a similar variety of ranges of motion.
7. Patients should be dismissed when they can perform resisted testing 10 times in a row without pain before a treatment.

MUSCLE RELEASE TECHNIQUE (MRT)

www.positivehealth.com/PERMIT/Articles/Bodywork/young52.htm

(PASSIVE MOVEMENT)

With Muscle Release Technique ®, the client is placed in particular positions so that the muscle begins to stretch in a very specific direction of plane. Then pressure is applied directly into the focal point of the affected tissue. The combination of a specific extension, precise pinpoint compression, and an exact plane of movement, while working with the breath, can produce an immediate release. The scar tissue is broken up and the muscle length is restored.

***Muscle release** uses active isolated stretching. Shorten the muscle passively, and then use a gliding lock along it while holding the stretch for two (2) seconds—that's it!

1. Put a little pressure on the muscle tissue.
2. Put the muscle through a specific plane of stretch.
3. Holding only for two seconds.

ACTIVE RELEASE TECHNIQUE (ART)

www.activerelease.com

(ACTIVE MOVEMENT)

1. Locate the adhesions that are causing the problem.
2. Apply tension with the thumbs over these lesions in the direction of the fibers.
3. Have the client elongate the muscle, while the therapist continues to apply tension to the lesion.

ROLFING

www.rolf.org

- **First hour.** The structural integration practitioner systematically loosens up the body's (fascial) sheath. The torso gains length and more space is created between the ribs allowing the diaphragm to expand. Therefore the client's capacity for breathing is greatly increased. The iliac crest (top of the hip) and the lateral thighs (TFL) are also addressed along with the hamstrings and lumbar area. As you can see, the first hour of Structural Integration addresses both upper and lower girdles extensively. Girdles referring to shoulder and pelvic.
- **Second hour.** The feet and legs is the target of this session. Afterwards, the client feels stronger, more securely "planted" and grounded. Experiencing more foot to the floor and a new walking gate.
- **Third hour.** The purpose of this session is to integrate the first two sessions. The practitioner works from the temporal lobe to the patella (knee). The shoulders, ribs, and pelvis are arranged into an even stack. The goal here is to create equipoise (equal tissue front and back) between the anterior and posterior structure. When structure is viewed from a profile stance, most people have more tissue in the front or back but seldom equally distributed.
- **Fourth hour.** This session addresses the body's "active core." The practitioner works on the inside line from the ankles to the pelvic floor. At the end of the fourth session the inside medial line has lengthened. Thus creating balance in the pelvic floor.
- **Fifth hour.** This session is a continuation of the fourth, working on the inside line. This is where the psoas, a deep stomach, muscle is addressed. Allowing more space from the stomach through the abdominal region.
- **Sixth hour.** The practitioner works the back of the legs and the deep rotator muscles in each hip. Opening of the pelvis is emphasized in this session. The goal is to mold a structure that rests upon a well-supported vertical core.
- **Seventh hour.** The practitioner works on balancing the neck and head on the spine. Focusing on the fascia of the neck loosening connective tissues around the skull and face. The thorax and upper back are re-addressed in this hour and sometimes the arms depending on individual need
- **Eight, Nine and Tenth hours.** The final three sessions is devoted to integration – putting it all back together. Creating a body that is balanced and can move in any direction with equal ease and freedom. Sessions can run from 1- 1½ hours in length.

HELLERWORK

www.hellerworkcanada.org

- **Session 1**: Concentrates on the body parts - the ribcage, arms, shoulders, and hips - associated with expanding the chest to breathe deeply and freely and aligns the ribcage over the pelvis.
- **Session 2**: Centers on the feet and legs; aligning the joints and making sure that the body's weight is distributed over the feet's arches.
- **Session 3**: Aligns the sides of the upper body by releasing tension in the shoulders, arms and sides.
- **Session 4**: Concentrates on the inside leg muscles and the pelvic floor.
- **Session 5**: Brings the pelvis into a more horizontal position that supports the "guts" more effectively.
- **Session 6**: Focuses on the spine and the whole of the back, balancing the work of the previous session.
- **Session 7**: Works to release tension in the head, face, and neck and align the head over the torso.
- **Session 8**: Facilitates movement and balances muscles in the lower body - the legs, feet, hips, and pelvis.
- **Session 9**: Facilitates movement and balances muscles in the upper part of the body - the arms, shoulders, ribcage, and neck.
- **Session 10**: Works on the major joints to produce overall balance of the body.
- **Session 11**: This is different from the other 10 sessions and no bodywork in used. In this session the treatment is completed by a process of acknowledgement and a review of results obtained, with the client asking any questions they might have. Learning how to take the results out into daily life is emphasized, together with continuous progress by more conscious use of the body.

AMERICAN-STYLE NEUROMUSCULAR THERAPY

1. Uses a medium-paced (thumb or finger) gliding strokes (Deep Pressure).

EUROPEAN-STYLE NEUROMUSCULAR THERAPY

1. Uses a slow-paced, thumb-drag method (Deep Pressure).

INTEGRATED NEUROMUSCULAR INHIBITION TECHNIQUE

www.positivehealth.com/permit/Articles/Bodywork/chaitow59.htm

First stage: Neuromuscular Technique (NMT), in which a tender/pain/trigger point in supraspinatus is located and ischaemically **compressed**, either intermittently or persistently.
Second stage: Positional Release Technique (PRT) The pain is removed from the tender/pain/trigger point by finding a position of ease which is held for at least **20 seconds**, following which an isometric contraction is achieved involving the tissues which house the tender/pain/trigger point.
Third stage: Muscle Energy Technique (MET), following the holding of the isometric contraction for an appropriate period, the muscle housing the point of local soft tissue dysfunction is **stretched**. This completes the INIT sequence.

FELDENKRAIS

www.feldenkrais.com

- It is a movement-based solution to movement-based problems.
- Lessons are usually preformed on a carpet or on one or two folded blankets on the floor.
- The movements in these lessons are not physical exercises, to be repeated rapidly or unconsciously.
- Repeat each movement slowly, generally no faster than one cycle of movement per normal cycle of relaxed breath.
- Feel your movements.
- Movements in these lessons are not difficult; there will be some movements you cannot do easily at first.
- Gently resist the familiar temptation to work harder.
- After each lesson, stand up carefully, bringing any changes in your organization into standing.

MEDICAL MASSAGE

www.americanmedicalmassage.com

Deep tissue techniques should be applied first with a gentle pressure into the tissue for a depth of one to three centimeters (to stimulate the mechanoreceptors), then to the depth of the periosteum or joint complex. The different techniques can be further organized into the following categories based on physical load to the tissue fibers: Traction, Compression, Torque, Bending, Shearing, Jamming, Shaking & Combined technique. Medical massage is delivered to an anatomical region based on soft tissue and joint findings and after diagnostic palpation.

Medical massage therapy is not limited to myofascial tissues; it includes highly specialized joint complex and joint mobilization techniques. Joint mobilization techniques should be applied first with supportive manual pressure on the joint, then with gentle normal range of motion. All approachable connective tissue at the joint complex should be systematically massaged, then mobilized.

VISCERAL MASSAGE

Visceral Manipulation involves gentle massage and repositioning of internal organs via external touch.

BASIC TrP TECHNIQUE

1. Treat superficial trigger points first, applying 8-30 seconds or until the pain is gone as the client permits. Notice changes in feel and pain intensity (Ask client for feedback regarding pain intensity).
2. Are there any referral patterns?
3. Flush the area with deep effleurage, petrissage, or friction.
4. Return to same trigger point and repeat treatment, 3-4 times removing as much of the pain as possible.
5. If the pain intensifies, just hold for a few more seconds and go back later.
6. You can vary the intensity of pressure gradually, moving with the point as it changes and releases.

ISCHEMIC COMPRESSION #1

1.  2.  3. 

1. A thumb is pressed directly on the TrP to create tolerably painful 7-8 (out of 1-10).
2. As the discomfort dissipates (pain scale of a 1 or 2), keep the same pressure and have the client breathe in slowly.
3. Then gradually increase pressure as the client slowly breathe out, to create tolerably painful 7-8 (Out of 1-10).

*Repeat 1-3 for up to one minute and going deeper each time.

ISCHEMIC COMPRESSION #2

1.  2.  3.  3. 

1. Apply firm digital compression to the trigger point sufficient to produce localized discomfort/pain as well as symptoms in the target area maintain this compression for **5 seconds.**
2. Release for **2-3 seconds.**
3. Reapply pressure (same level) and keep repeating the **5 seconds** on and **2-3 seconds** off until the client reports a reduction in local or referred pain OR an increase in pain (which is rare) OR until **2 minutes** have passed with no change in the pain levels.

ISCHEMIC COMPRESSION #3

1.  2.  3.  4. 

1. Apply firm digital pressure to the trigger point sufficient to produce localized discomfort/pain as well as symptoms in the target area.
2. Maintain the pressure for approximately **10 seconds.**
3. Increase the degree of pressure slightly and maintain for a further **10 seconds.**
4. Increase the degree of pressure once more and maintain for approximately **10 seconds.**

*Repeat 1-4 for up to one minute and going deeper each time.

ISCHEMIC COMPRESSION #4

1. 
2. 
3. 

1. Compress an area of discomfort for 2 seconds (slow in).
2. Maintain pressure for 2 seconds.
3. Then Release slowly for 2 seconds.

*Repeat 1-3 for up to one minute and going deeper each time.

RHYTHMIC ISCHEMIC COMPRESSION

1. 
2. 
3. 
4. 

1. Apply firm digital compression to the trigger point sufficient to produce localized discomfort/pain as well as symptoms in the target area maintain this compression for 5 seconds.
2. Release for 2-3 seconds.
3. Reapply pressure (same level) and keep repeating the 5 seconds.
4. Two-three seconds off until the client reports a reduction in local or referred pain OR an increase in pain (which is rare) OR until 2 minutes have passed with no change in the pain levels.

LONGITUDE FRICTION

Glide over an area slow with light pressure.
Then, glide a few more times over the same area, gradually increasing the pressure each time.
You can then find a TrP on each layer of muscle (Stop and treat each TrP).

ALEXANDER TECHNIQUE

www.alexandertech.com

Clients wear comfortable clothing, and perform everyday actions, such as walking, bending, standing, or sitting, while the therapist encourages the clients to shed ingrained--and inappropriate--muscular reactions and allow healthy natural reflexes to take over. To encourage the release of natural reactions, the therapist will lead a client through various movements, occasionally touching the neck, back, or shoulder to help trigger the proper reflexes. Some sessions may have the client lying down most of the time, while others involve mostly sitting and standing.

TENSE BREATH TRIGGER

1.  2.  3. 

1. Find a TrP.
2. Have the client tense up only in that area for 5 seconds.
3. Have the client breathe into that area for 5 seconds (or longer).

*Repeat 1-3 until pain diminishes.

TENSE BREATH BOTH

1.  2.  3. 

4.  5.  6. 

1. Find a TrP.
2. Have the client tense up on the opposite side of the body for 5 seconds.
2. Have the client breathe into that area for 5 seconds (or longer).
3. Then switch to the other side (painful side).
4. Have the client tense up only in that area for 5 seconds.
5. Have the client breathe into that area for 5 seconds (or longer).

*Repeat 1-5 until pain diminishes.

TENSE BREATH OPPOSITE

1.  2.  3. 

1. Find a TrP.
2. Have the client tense up on the opposite side of the body for 5 seconds.
3. Have the client breathe into opposite side of pain for 5 seconds (or longer).

*Repeat 1-3 until pain diminishes.

BREATHE INTO TRIGGER

1.  2. 

1. Find a TrP.
2. Have the client breathe only in that area.

PFRIMMER

www.pfrimmer.com

Cross fiber friction is the main technique this style uses.

Other styles incorporated into the Pfrimmer technique: myofascial release, positional release and trigger point work.

TRAGER

www.trager.com

Gentle, non-intrusive, natural movements.

No oils or lotions are used. The client is dressed for their comfort, with a minimum of swimwear or briefs, and are additionally draped appropriately. During the table work session the client is passive and lying on a comfortably padded table. The practitioner moves the client in ways they naturally move, and with a quality of touch and movement such that the recipient experiences the feeling of moving that effortlessly and freely on his/her own. The movements are never forced so that there is no induced pain or discomfort to the client.

RUSSIAN MASSAGE

A system of therapeutic and sports massage developed in the former Soviet Union. The four main techniques are: Petrissage, Effleurage, Friction and Vibration.

IN & OUT INTENSE TRIGGER

1.  2. 

3.  4. 

1. Find the TrP.
2. Hold the TrP.
3. Ratchet the limb to the most pain.
4. Ratchet the limb to the least pain.

*Continue with 3 & 4 until you can get the most stretch out of the limb.

RESIST INTENSE TRIGGER

1.  2.  3. 

1. Find a TrP and stay on the TrP.
2. Have them resist you with their closest limb for 5-10 seconds.
3. Have the client relax for 5 seconds.

*Repeat 3-4 until pain diminishes.

TRICKED YOU TRIGGER

1.  2.  3. 

1. Press down on an area (None TrP).
2. Move the limb around until you find the TrP.
3. Hold the TrP.

CLIENT UNDER TRIGGER

1. Have client lay supine.
2. Put your hands under their back.
3. Find a tender area and hold or massage it.

*Have the client rock back & forth over your hand (in & out of pain).

FOLLOW DOWN TECHNIQUE

1.  2.  2. 

1. Find a TrP.
2. Slide your other hand to the referral area and hold.

GUESSING FOLLOW DOWN

1.  2.  2. 

1. Start your thumb in the area where they say they hurt.
2. Then slide your thumb to the area where you think it originates from and hold that area.

FOLLOW UP TECHNIQUE

1. 
2. 
3. 
3. 
3. 

1. Find a TrP.
2. Ask the client where the referral is and hold your hand at the end of the referral.
3. Slide your hand from the referral to the TrP and hold.

HOLDING TECHNIQUE

1. 
2. 

1. Find a TrP and ask the client where the referral is.
2. Hold that area until pain diminishes.

ATTACK JAWS

1. 
2. 
3. 
4. 

1. Find a TrP.
2. Come off of it and move a few inches away.
3. Slide in a spiral & palpate for more TrPs.
4. Finish where you started and hold.

TEASE JAWS

1.  2. 

1. Find a TrP and keep holding the TrP.
2. With your other hand slide & friction around TrP.

PAINLESS JAWS

1.  2. 

1. Find a TrP.
2. Come off of it and friction around the trigger-point without pressing on the trigger-point.

LEAN BACK ANGLE

1.  2.  3. 

1. Slide deep to find a TrP.
2. Slide over it.
3. Then slide back on it at a different angle and hold it.

*Repeat 2 & 3 as necessary.

LEAN BACK

1. 
2. 

1. Slide over a tender area with moderate pressure.
2. Follow your path back with more pressure.

*Repeat 1 & 2 as necessary.

TWIST THAT TRIGGER

1. 
2. 

1. Find the TrP.
2. Twist with the same hand (to increase pressure).

JACKHAMMER

1. 
2. 
2. 

1. Find a TrP.
2. Stay on it and vibrate that spot.

ASSISTIVE TRIGGER

1. Have the client hold the TrP.
2. Then, you find another TrP.

DOUBLE TROUBLE

1. 
2. 

1. Find a TrP and hold it.
2. Then find the TrP on the other side of the body and hold, while you are holding the other one.

RECOIL

1. 
2. 
3. 

1. Push down on a tender spot.
2. Hold it for 5-7 seconds & do not add any more pressure (do not push down like an adjustment).
3. Quickly release from that area.

SLIP

1. 
2. 

1. Find any tender area and hold that area.
2. Slip off that area fast while keeping contact with the client's body.

*Repeat 3-4 times so the client does not think you accidentally did it.

DISTRACTION

1.  2.  2. 

1. Find any tender area and hold that area.
2. Massage the other side of the body, while you are still holding the TrP on the other side.

SQUEEGEE

1.  2.  3. 

1. Compress the trigger point in the affected area, but it needs to be more of a squeegee effect.
2. Then apply a repeated milking action to efficiently move the blood and lymph fluid out.

FACILITATED POSITIONAL RELEASE

1. This involves the positioning of the distressed area into the direction of its greatest freedom of movement starting from a position of 'neutral'.
2. An application of compression would be introduced to the affected area.
3. The position of ease (with the compression) is usually suggested at just 5 seconds.

EXAGGERATION OF DISTORTION

1. Consider the example of someone bent forward in psoas spasm/'lumbago' in considerable discomfort or pain. The person would be posturally distorted - bent into flexion, together with rotation and side-bending.
2. However moving the area away from the restriction barrier (in this case bending forwards more), increasing the degree of distortion displayed would normally be easy and painless. After 60 to 90 seconds in such a position of ease, a slow return to neutral will commonly leave the patient somewhat or completely relieved of pain and spasm.

MITS TREATMENT PROTOCOL

www.SPAtacular.org

Step 1: Client History
Step 2: Analysis & Testing
Step 3: Warm Tissue
Step 4: Treatment
Step 5: Stretching
Step 6: Deep Tissue
Step 7: Advanced Stretching
Step 8: Closing
Step 9: Consulting
Step 10: Post-Treatment

ILIAC CREST HOOK-UP

1. 
2. 
3. 
4. 

*Deep Glide (just above the iliac crest).

ILIAC CREST HOOK-DOWN

1. 
2. 
3. 
4. 
5. 

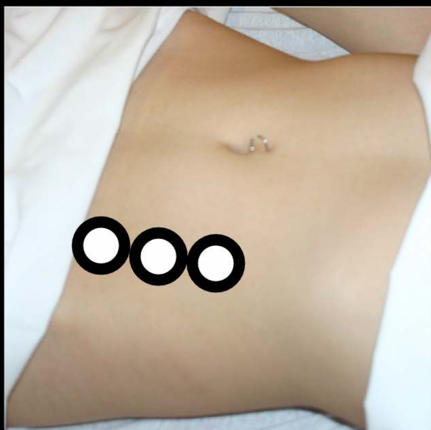
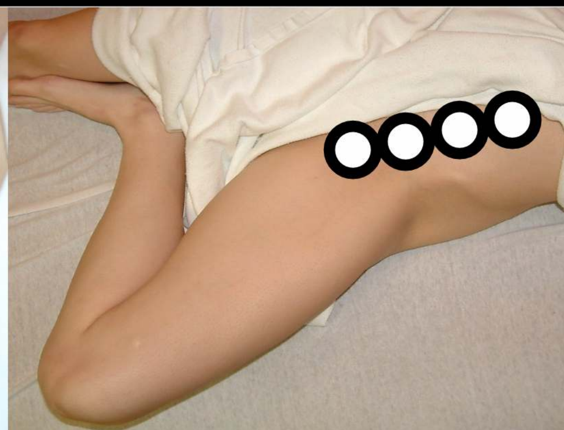
*Deep Glide (just above the iliac crest).

TROCHANTER HOOK

1. 
2. 
3. 
4. 

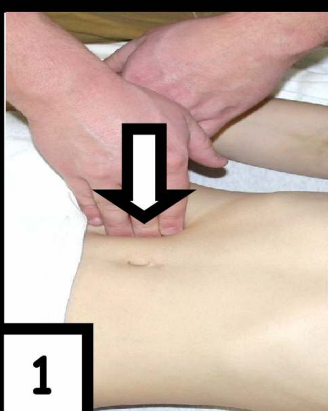
*Deep Glide (just around the greater trochanter).
*Can be performed the other way.

Iliopsoas Technique

*Upper TrP's of the psoas.
*Lower TrP's of the psoas, iliacus and pectineus.

*The iliopsoas is the: psoas major and psoas minor & iliacus.
*Not every body has a psoas minor.
*Main postural muscle.
*Main walking muscle.
*Main hip flexor.
*Main cause of most lumbago.
*Strengthen your psoas to help lumbago.
*Pain can radiate to your low back or inguinal area.
*We live in a flexed society.
*The psoas is filet mignonin (Cows).
*It is your core.
*The only muscle to connect the lumbar spine to the legs.
*When feeling threatened it is your psoas muscle that propels you into fleeing or fighting or curls you into a protective ball.

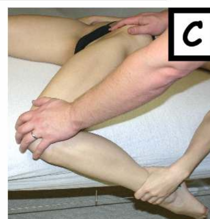


*Always perform the technique slow.
*If you feel a pulse (Abort).
*If the client feels any burning or tingling sensations for more then 10 seconds (Abort).
*If you feel any lumps (Abort).
*Have the client breathe with each layer you go down.
*Never go above the navel or on the rectus abdominus for deep pressure.
*It can be sore to the touch after the treatment and possible bruising.
*Be aware of the femoral triangle.
***O**:T12-L5
***I**:Lesser trochanter of femur
***A**:Flexion of femur, Flexion of hip

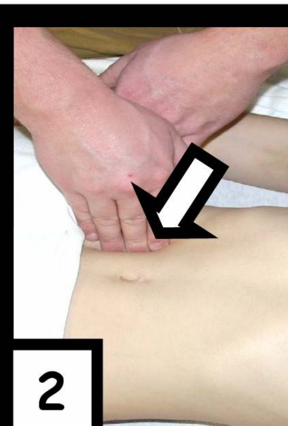
Iliopsoas Stretch

A Perform a lunge.

B Hold onto a table and lift one leg straight back and up.

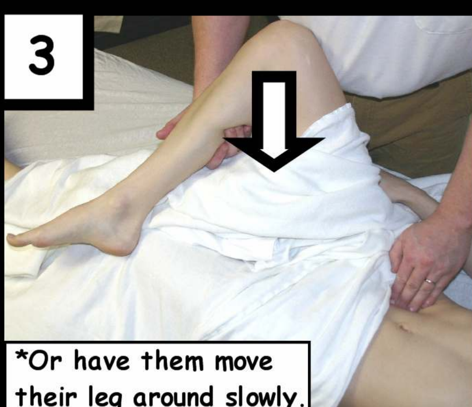




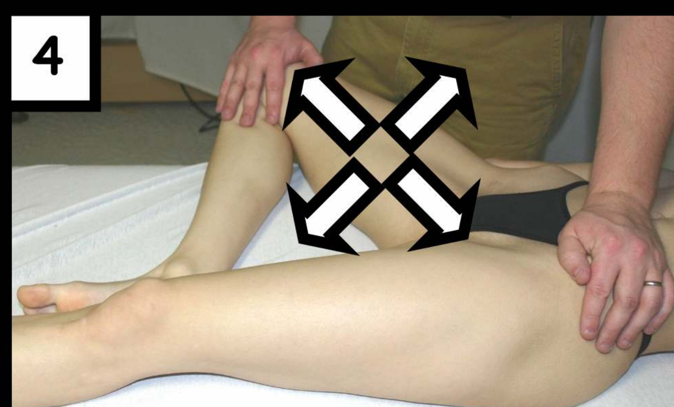


1. Push straight down on the psoas (Have the client breathe each layer).

2. Once you can't go any deeper, then hook your finger to their spine.



Ryan Jay Hoyme



3. You can bring their leg over and slide more inferior (Also the other direction).

4. Stretch the leg and hip out slowly after you are done (In all directions).